
MFIP participants who have household members with serious disabilities qualify for an extension to the 60-month time limit when certain “special medical criteria” are met. These provisions apply to:

➤ **Participants with a child in the household who meets disability or medical criteria for:**

- Home care services.
- Community-based waiver services.
- Severe emotional disturbance.

OR

➤ **Participants with an adult in the household who meets disability or medical criteria for:**

- Home care services.
- Community-based waiver services.
- Serious and persistent mental illness

NOTE: Although the adult or child must meet eligibility criteria, he/she does not need to be receiving services.

Participants in this category are presumed to be unable to work, and must be evaluated for an extension on or before the 60th month.

“Special medical criteria” means that 1 of the following applies:

- **HOME CARE SERVICES** - Child or adult in the household who meets the disability or medical criteria for home care services. For the purpose of this determination, home care services means a medically necessary health service that is ordered by a physician and documented in a service plan that is reviewed by the physician at least once every 60 days for the provision of home health services or private duty nursing, or at least once every 365 days for personal care. Home care services are provided to the client at the client’s residence that is a place other than a hospital or long term care facility.
- **HOME AND COMMUNITY-BASED WAIVERED SERVICES** - Child or adult in the household who meets the disability or medical criteria for a home and community-based waiver services program. The provisions of these criteria apply to the following home and community-based waiver services programs:
 - **Alternative Care Grant Program (ACG):** A state-funded program that targets people age 65 or older who are at risk of nursing facility level of care

and whose personal financial resources would allow no more than a 6-month stay in a nursing facility. The service menu is the same as that available for people receiving services under the Elderly Waiver.

- **Community Alternatives for Disabled Individuals (CADI):** Targets people under the age of 65 at risk of nursing facility level of care.
- **Community Alternative Care (CAC):** Targets people under the age of 65 at risk of long term or frequently recurring hospitalization (initially designed to serve medically fragile children).
- **Traumatic Brain Injury Waiver (TBIW):** TBIW targets people at risk of the level of care provided in a neurobehavioral hospital or those at risk of the level of care provided in a specialized nursing facility (designed for people who have cognitive and/or behavioral issues).
- **Waiver for Persons with Developmental Disabilities (DD) Waiver:** Targets people who are determined to have DD and are at risk of the level of care provided in an Intermediate Care Facility for people with **developmental disabilities**. (ICF/DD).
- **Elderly Waiver (EW):** Targets people over the age of 65 who are in a nursing facility or at risk of placement in a nursing facility.

Each of the waivers serves both people moving from an institutional setting to the community and people who are determined to be "at risk of" the level of care provided in the respective institutional setting.

CADI, TBIW, and CAC clients may remain on the waiver after age 65 if warranted by their needs and service plan.

- **SEVERE EMOTIONAL DISTURBANCE (SED)** - There is a child in the household who meets the following definition of "severe emotional disturbance" as determined by a qualified professional, such that he/she:

- Has been admitted within the last 3 years or is at risk of being admitted to inpatient or residential treatment.

OR

- Is a Minnesota resident receiving inpatient treatment or residential treatment for the emotional disturbance through the Interstate Compact.

OR

- Has been determined by a mental health professional to have psychosis or clinical depression, to be at risk of harming self or others, or to have psychopathological symptoms that resulted from physical or sexual abuse or psychic trauma within the past year.

OR

- Has significantly impaired home, school, or community functioning for at least 1 year or for a period that a mental health professional documents as presenting substantial risk of lasting at least a year.

➤ **SERIOUS AND PERSISTENT MENTAL ILLNESS (SPMI)** - There is an adult who meets the definition of “serious and persistent mental illness” as determined by a qualified professional, such that he/she:

- Has undergone 2 or more episodes of inpatient care for a mental illness within the preceding 24 months.

OR

- Has continuously experienced a psychiatric hospitalization or residential treatment exceeding 6 months' duration within the preceding 12 months.

OR

- Has been treated by a crisis team 2 or more times within the preceding 24 months.

OR

- Has a diagnosis of schizophrenia, bipolar disorder, major depression, or borderline personality disorder which significantly impairs his or her functioning, and a mental health professional documents that he/she is reasonably likely to have future episodes requiring inpatient or residential treatment unless ongoing case management or community support services are provided.

OR

- Has been court-committed as a mentally ill person in the past 3 years or has had his or her commitment stayed or continued.

OR

- Meets any of the criteria above, but the specified time period has expired.

OR

- Was diagnosed with severe emotional disturbance as a child and who a mental health professional has documented in the past 3 years is reasonably likely to have future episodes requiring inpatient or residential treatment unless ongoing case management or community support services are provided.

SPECIAL MEDICAL CRITERIA EXTENSION

13.15.9

Participants in this category are presumed to be unable to work, and must be evaluated for extension on or before the 60th month.

BANKING MONTHS

Participants with an adult or child in the household who meets special medical criteria may have banked months beginning 1-1-98. These months are used to extend eligibility after the 60-month time limit is reached and ONLY when a participant no longer meets the condition for extension under the special medical criteria. Participants who have banked months must use them before they can be assessed for another category of extension.

Participants using banked months are subject to pre-60 month sanction policies.

After banked months are exhausted, the participant should be **re-evaluated** to determine whether another extension category applies.

NOTE: A caregiver can accrue banked months based on the special medical criteria of a child or other adult in the household, but cannot bank months based on his or her own special medical criteria. If the participant meets these criteria, the participant may be extended under the ill or incapacitated category, for example, but would not bank months.

As long as the participant has a household member who meets the special medical criteria, he/she will bank months to be used after reaching the time limit when there is no longer eligibility for a special medical criteria extension. Participants who choose to work do not lose eligibility for the extension. Participants who choose to work do not lose eligibility for the extension.

In a 2-parent household with a child or an adult who meets the special medical criteria, only 1 parent is presumed to be prevented from obtaining or retaining employment. If the family provides documentation from their health care provider that a 2nd parent is also needed in the home to care for the child or adult who meets the special medical criteria or disability, extend 1 parent in the special medical category, and extend the other in the category for participants whose presence is needed in the home. See §13.15.3 (Ill/Incapacitated Extensions), §13.15.12 (Needed in the Home Extension Criteria).

